



#60789v5

VOLUNTEER CONSENT FORM

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)
If specifying more than one date of activities please attach a list.

Volunteer Name: Phone No: (H) (C) E-mail:
Program/Activity: Golden Gate Grade 8 Asessippi Ski trip Date (s): February 7 & 8, 2018 OR Series Of Off-Site Activities
Teacher-In -Charge: Michelle Moskal Phone: 837 - 5808 E-mail: mmoskal@sjsd.net

BOARD EXPECTATIONS FOR VOLUNTEERS

- Volunteers are an important part of the leadership team for an off-site activity and are expected to:
a) Review and comply with relevant board policy.
b) Have qualifications appropriate for the off-site activity.
c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure.
d) Exhibit positive behaviour and be an acceptable role model.
e) Support and follow the school code of conduct.
f) Report any inappropriate conduct to the teacher-in-charge.
g) Adhere to the schedule or itinerary.
h) Dress appropriately for the off-site activity.

POTENTIAL KNOWN RISKS

Potential known risks include the following: Injuries related to vehicle crashes en route, collisions with immovable objects (eg. trees), sprains, strains, broken bones or other injuries obtained while skiing or snowboarding. Potential life threatening injuries while skiing / snowboarding or riding the lift

CONSENT AND ACKNOWLEDGEMENT OF RISK

- 1. Mode of Transportation: Coach Bus By: Beaver Bus Lines
2. I accept this mode of transportation for this activity: Yes No OR
I will provide my own transportation: Yes No OR
I consent to the use of my vehicle for the transportation of students for this activity: Yes No
I will be transporting students in my vehicle and I have completed a Volunteer Driver Authorization Application form- IJOA-E-6: Yes No
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteer involvement.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
8. I consent that the board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
9. I understand, acknowledge and consent to the above as described herein.

Date: Name (Please print): Signature:

In completing this Consent Form I recognize acknowledge:

- 1. That I have read and agree to Policy IJOC, Criminal Record and Child Abuse Registry Checks For Volunteers, and the corresponding exhibit IJOC-E, Initial and Annual Renewal Form Related to Criminal Record and Child Abuse Registry Checks for Volunteers
2. That all information gathered will be kept strictly confidential
3. That the Division will cover the cost of the checks in accordance with policy GBJC (Item 3).

Signature

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, and will be used and disclosed for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.



**Release and Indemnification Agreement:**

I, \_\_\_\_\_ understand and accept the responsibility attached to this activity and the  
(Print Name)  
potential risks involved and provide the St. James-Assiniboia School Division with the following waiver of liability and indemnification agreement:

I, \_\_\_\_\_ hereby agree to participate in the activity identified and release the St. James-  
(Print Name)  
Assiniboia School Division and Board and its staff and agents from any and all liability for any injury sustained by myself, regardless of how caused, resulting from participation in the activity described and occurring on \_\_\_\_\_ (Date).  
I further agree to indemnify and save harmless the St. James-Assiniboia School Division and Board and its staff and agents from any and all suits, demands, torts, and actions of any kind which may be brought against its staff or agents for which it/they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to, or suffered by any person or any property, by reason of any act, neglect or default of mine.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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VOLUNTEER CONSENT FORM HEALTH INFORMATION

**FIELD TRIP/ACTIVITY EMERGENCY MEDICAL INFORMATION** (Attach a separate page if more space is needed)

Volunteer Name: \_\_\_\_\_ Birth Date (optional): \_\_\_\_\_

Manitoba Health Registration No. (6-digit) \_\_\_\_\_ Manitoba PHIN (9-digit): \_\_\_\_\_

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify): \_\_\_\_\_

Reaction to above \_\_\_\_\_ Carries Epi pen?  Yes  No Carries Ana Kit?  Yes  No

Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias) \_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities you should not do:  
 \_\_\_\_\_

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):  
 \_\_\_\_\_

Other Health/Medical/Dietary Concerns:  
 \_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Revised 13/April/08, Effective 30/August/08; Revised 26/May/09; Effective 30/August/09

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